Step 1: Identify yourself

Underground Storage Tank Tax and Environmental Impact Fee

Sequence no.	Station no. 590
Ocquerice no.	Glation no. 550

Do not write above this line.

Name	Original reporting period//			
Address	License no.		Month Year	
Number and street				
City State ZIP	Telephone no	· ()		
		Illy reported justed	Corrected amounts	
Note: You must report your fuel in gallons. Convert liters to gallons by multiplying liters by .2641721. Follow our instructions for each column.	Column 1 Gasoline and special fuel	Column 2 Other fuels	Column 1 Gasoline and special fuel	Column 2 Other fuels
Step 2: Figure your total gallonage for the month				
 Write your actual (stick) inventory at the beginning of the month. This amount must agree with closing inventory of preceding month's return. Write the number of invoiced gallons produced, acquired, received or transported into Illinois during the month 	1			
 a Tax/fee-free invoiced gallons (Sch. A, SA, or DA, Column 1; Sch. LA, Column 2) b Tax/fee-paid invoiced gallons 	2a			
(Schedule E, SE, or LE (dyed diesel fuel), Column 1; other fuels, Sch. LE, Column 2)	2b			
3 Add Lines 1 through 2b and write the result in Line 3. Remember to do	•			
calculations within each column.	3			
4 Write your actual (stick) inventory at the end of the month.5 Subtract Line 4 from Line 3 and write the result on Line 5.	5			
3 Subtract Line 4 from Line 3 and write the result on Line 3.	J			
Step 3: Figure your nontaxable gallonage				
6 Write the number of gallons sold exempt in Illinois				
a to railroads for direct rail operation (Schedule LB)	6a	///////////////////////////////////////		///////////////////////////////////////
b to qualified air carriers (Schedule LB, kerosene, Column 1; other fuels, Column 2)	6b			
c to qualified ships, barges, and vessels (Schedule LB)	6c			
7 Write the number of gallons sold and delivered outside of Illinois				
(Schedule C, SC, DC, Column 1; Schedule LC, Column 2)	7			
8 Write the number of gallons sold and distributed tax/fee-free to licensed				
receivers (Schedule D, SD, or DD, Column 1; Schedule LD, Column 2)	8			
9 Write the number of gallons of your loss due to temperature variation or evaporation	oration			
or your gain due to temperature variation. Complete Line 9a or 9b per colu	mn.			
a Loss. The amount of losses you claim are limited. See instructions.	9a	· 		
b Gain.	9b()) ()	()	()
10 Add Lines 6a through 9b and write the result on Line 10.				
This is your total nontaxable gallonage.	10			
Step 4: Figure your gross taxable gallonage				
11 Subtract Line 10 from Line 5 and write the result on Line 11.				
This is your gross taxable gallonage.	11			
Step 5: Figure your net taxable gallonage	40			
12 Write the number of gallons on which tax/fee was paid at the time of purchase.13 Subract Line 12 from Line 11 and write the result on Line 13.				
13 Subract Line 12 from Line 11 and write the result on Line 13. 14 Add Line 13, Column 1 and Line 13, Column 2.	13			
This is your net taxable gallonage.	14			
, 0 5.				



Form RMFT-5-US-X Page 2	As originally reported or adjusted	Corrected amounts
Step 6: Figure your tax and fee		
15 Figure your gross tax and fee due. If the amount of Line 14 is greater		
write the amount from Line 14 on the line provided below and multip	iply by the tax	
and fee rates provided. Otherwise, write "0" in Lines 15a, 15b, and 1		
a For underground storage tank tax: X 0.003.	15a \$	\$
	15b \$	¢
b For environmental impact fee: X 0.008.	13υ ψ	Ψ
c Add Lines 15a and 15b. This is your gross tax and fee due.	15c \$	\$
16 If you originally filed and paid your tax and fee due on time, figure you	v∩ur	
collection discount. See instructions.	16 \$	\$
17 Subtract Line 16 from Line 15c and write the result on Line 17.		,
This is your tax and fee due .	17 \$	\$
Step 7: Figure the amount you owe	,	
18 Complete this line if you have a UST/EIF credit you wish to apply to	o Line 17, tax	Official use - do not write in this box
and fee due, and any penalty and interest you owe.	Line 1.,	
	,	
Write the credit memorandum number of each credit you are applying	=	
total amount of that credit on the line directly below the credit number	er.	
UST/EIF credit no. UST/EIF credit amt. \$ \$ \$		
UST/EIF credit amt. \$ \$ \$ \$	\$	
Add these UST/EIF credit amounts and write the total on Line 18.	18 \$	œ.
Add these UST/EIF credit amounts and write the total on Line 18. 19 Subtract Line 18 from Line 17 and write the result on Line 19. This is	• •	Φ
the tax/fee due.	19 \$	\$
20 Total amount paid to date for this reporting period.	20 \$	Ψ
21 If Corrected Amounts Column, Line 19 is greater than Line 20,		
subtract Line 20 from Line 19. This is the amount you owe.		
Make your check payable to "Illinois Department of Revenue."	21 \$	
22 If Corrected Amounts Column, Line 19 is less than Line 20,		
subtract Line 19 from Line 20. If you are claiming a credit, you must		
complete Step 9.	22 \$	
Step 8: Sign and date your amended return		
Under penalties of perjury, I state that I have examined this amended retu	urn and to the hest of my knowledge, it	is true correct, and complete.
Ulider periames or perjary, roads a.a	.III driu, to the post of,	is true, correct, and
Signature of person, other than taxpayer, who prepared this return Date	Taxpayer's name	
Olyman C. Poloci, Lattice C.	Tarpayor C.L	
Preparer's phone number	Signature and title of taxpayer	Date
Mail this return and payment to: Illinois Department of	Revenue, PO Box 19019, Springfield,	IL 62794-9019
Step 9: Complete your claim for credit Complete Lines 23 through 25 if you are claiming a credit.		
Complete Lines 23 through 25 if you are claiming a credit.23 Explain below why the amount for which the claim is filed is alleged	to be a mistake of fact or an error in la	Attach additional sheets if
you need more space to write in.	TO DE a IIIIStano or idocor di di	IW. Allaum audmona.
you need more space to mile		
24 Are you a party to any civil suits involving the above amounts?	_yesno	
If yes, what is the name of the suit?		- 19 Hala hav
	Official use onl Credit memo no.	nly. Do not write in this box.
25 Sign below	Credit memo no. Credit amount	
Signature of claimant	Interest	
Signature of Gairrant	Total	
Title (State whether owner, partner, or authorized agent)	Verified by Date	
Title (oldie Titter), p. 1.1.	Date Approved by	
DMET 5 LIS Y Page 2 /P 06/03\	Date	